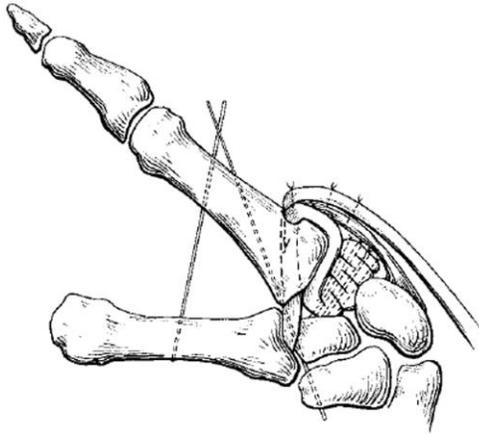


**ERIN K. GREER, M.D.**  
**Post-Surgical Information**  
**Thumb Basal Joint Reconstruction**



**PROCEDURE:** The trapezium bone is removed from the hand and a wrist tendon is transferred to recreate the function of the arthritic thumb joint. In some cases, a strong cord called a Tightrope may be threaded through the suspended thumb metacarpal base to enhance support. The procedure is also commonly referred to as “suspensionplasty” or “LRTI” (ligament reconstruction with tendon interposition).

**WHAT TO EXPECT:** Although this procedure has a proven record for improvement in pinch strength and pain relief, final outcome may not be appreciated for several months.

**PAIN AFTER SURGERY:** Local anesthetic is usually injected into the incision during surgery to minimize pain during the procedure and for a few hours afterward. Pain medication is prescribed for use as needed. Steadily improving pain is typical for several weeks. Significant pain from the incision improves in a few days, and the pain from the deeper reconstructed tissues improves steadily over a few months as healing proceeds. If pain is severe and uncontrolled with prescribed medications, or if the digits become numb, cool, or pale, call the doctor’s office promptly. It is important to exercise all free digits as fully and frequently as possible to reduce swelling and preserve motion.

**INCISION & DRESSINGS:** A sterile dressing and splint are placed during surgery. If the dressing is too tight, the outer elastic bandage should be unwrapped and rewrapped more loosely, leaving the deeper gauze intact. The dressings should be left in place until the first follow-up office visit.

**FOLLOW-UP AND RECOVERY:** A follow-up visit for incision check and removal of any sutures should be scheduled within two weeks after surgery. At that point, a removable splint will be fabricated to be worn for one month. During this period, it is important to begin light thumb motion exercises while not overloading the joint. After six weeks, full motion and limited splinting are allowed, although pinch must be avoided for three months after surgery, after which all restrictions are removed. Ultimately, the majority of patients tend to find that pain level and pinch strength – while seldom as good as new – are much improved from their pre-operative levels, making this a procedure with typically high patient satisfaction.